# BEST AVAILABLE COPY

## **FORM D**



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires: May 31, 2005					
Estimated average burden					
hours per respo	nse 16.00				

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED .
1	

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	The second second	
Aerobic Creations, Inc.		_ `
Filing Under (Check box(es) that apply): X Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ ULOE : MAY 2 (	1 20
A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer	2   1	_ 3
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)		<u> </u>
Aerobic Creations, Inc.		
Address of Executive Offices (Number and Street, City, State, Zip Code) Suite 201 - 15225 Thrift Avenue. White Rock. BC V4B 2K9	Telephone Number (Including Area Code) (604) 576-2327	_
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)	
Brief Description of Business		_
Production and sales of aerobics workout DVDs for personal and professions	al use.	
Type of Business Organization	PROCESSEL	<b>)</b> -
corporation   limited partnership, already formed   other (pl business trust   limited partnership, to be formed	JUN 1 0 2004	
Actual or Estimated Date of Incorporation or Organization: O12 O14 X Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	nated THOMSON	_
GENERAL INSTRUCTIONS		-
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C	ž.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.		
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must b	e
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to the filed with the SEC.		
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sal ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Se are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. This notice and must be completed.	ecurities Administrator in each state where sale the exemption, a fee in the proper amount sha	s II
ATTENTION		7

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ₹ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Funk. Nicole Business or Residence Address (Number and Street, City, State, Zip Code) Unit 30 15030 58th Avenue, Surrey, BC, Canada V3S 9G3 Check Box(es) that Apply: ▼ Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Funk, Norm Business or Residence Address (Number and Street, City, State, Zip Code) Unit 30 15030 58th Avenue, Surrey, BC, Canada V3S 9G3 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?	
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2. What is the minimum investment that will be accepted from any individual?  Yes No  Does the offering permit joint ownership of a single unit?  Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Gelfand, Robert  Business or Residence Address (Number and Street, City, State, Zip Code)  #29B Ebony Tower, President Park, 99 Sukhumvit 24 Road, Bangkok 10110 Thailand  Name of Associated Broker or Dealer	
3. Does the offering permit joint ownership of a single unit?	
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#29B Ebony Tower, President Park, 99 Sukhumvit 24 Road, Bangkok 10110 Thailand Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	
AL AK AZ AR CA CO CT DE DC FL GA HI ID	
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE ME NH NJ NM NY NC ND OH OK OR PA	
RI SC SD TN TX UT VT VA WA WV WI WY PR	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	_
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	_
(Check "All States" or check individual States)	
AL AK AZ AR CA CO CT DE DC FL GA HI ID	
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MT NE NV NH NJ NM NY NC ND OH OK OR PA	
RI SC SD TN TX UT VT VA WA WV WI WY PR	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	_
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	
AL AK AZ AR CA CO CT DE DC FL GA HI ID	
IL IN IA KS KY LA ME MD MA MI MN MS MO	
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$_40,000	\$20,700
X Common Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	
Other (Specify)	\$	
Total	<u>\$40,000</u>	
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		\$
Non-accredited Investors		\$ 20,700
Total (for filings under Rule 504 only)	12	<u>\$ 20,700</u>
Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	;	
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	•	\$
Regulation A		\$\$
Rule 504		\$\$
Total		\$ \$
		Ф
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	<b>(</b> ** <u>*</u>	\$_700
Printing and Engraving Costs	<del>_</del>	\$
Legal Fees		<u>\$ 500</u>
Accounting Fees		<b>\$ 1,500</b>
Engineering Fees	_	\$
Sales Commissions (specify finders' fees separately)		\$ 800
	_	
Other Expenses (identify)		\$

#### APPENDIX 2 3 4 5 1 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price Type of investor and to non-accredited explanation of amount purchased in State offered in state investors in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Amount **Investors** State Amount Yes No AL ΑK AZAR $\mathsf{C}\mathsf{A}$ CO CTDE DC FL GA НІ ID ILIN IA KS KY LA ME MD MA ΜI MN MS

# APPENDIX 4 Disqualification

	to non-a	I to sell accredited is in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)		under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE.									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
ок									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT	t the same comments								
VA			1						
WA		=							
wv									
WI									

APPENDIX :									
1	Intend to non-a investor	2 d to sell accredited as in State 1-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State (Part C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY Non US	x		Common Stock \$20,700	0	0	12	\$20,700		х

	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	CTATAL STATE
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."		S	<sub>\$</sub> 36,500
	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total opproceeds to the issuer set forth in response to Par	ly purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross	i	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		\$	\$
;	Purchase, rental or leasing and installation of mac	hinery	□ \$	<b>№</b> \$ 7,000
	Construction or leasing of plant buildings and fac			2 500
	Acquisition of other businesses (including the val offering that may be used in exchange for the assesser pursuant to a merger)	ets or securities of another	□\$	
	Repayment of indebtedness			
	Working capital			
(	Other (specify): Inventory		 \$	x \$ 2,000
	Administration, Office, Website and Re	search		x 5,500
_	Legal and Accounting		<b></b>	x \$ 8,000
. (	Advertising and Marketing Column Totals			v 5 000
•	Fotal Payments Listed (column totals added)		x \$ 36	5,500
37277		D. FEDERAL SIGNATURE	7.5	
signa	ssuer has duly caused this notice to be signed by the ture constitutes an undertaking by the issuer to fur formation furnished by the issuer to any non-acci	undersigned duly authorized person. If this notice nish to the U.S. Securities and Exchange Commis	e is filed under Russion, upon writte	
Issue	r (Print or Type)	Signature	Date	······································
Aer	obic Creations, Inc.	MofmK	May 13, 2004	

- ATTENTION -

Title of Signer (Print or Type)
President and CEO

Name of Signer (Print or Type)

Nicole Funk

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATUR	en de la companya de El companya de la co					
I.	Is any party described in 17 CFR 230.262 provisions of such rule?	presently subject to any of the d	isqualification	Yes	No X			
	9	See Appendix, Column 5, for state	response.					
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	<ol> <li>The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.</li> </ol>							
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	uer has read this notification and knows the co thorized person.	ontents to be true and has duly caus	ed this notice to be signed on its behal	f by the	undersigned			
Issuer (	Print or Type)	Signature	Date					
Aerol	oic Creations, Inc.	Martink	May 13, 2004					

# Aerobic Creations, Inc. Name (Print or Type) Nicole Funk Signature May 13, 2004 May 13, 2004 President and CEO

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.